# Individual Professional Development Reimbursement Form

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<th>Name</th>
<th>School</th>
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## Name of Activity | Dates of Activity | Location of Activity
--- | --- | ---
|                  |                  |                  |

### Actual Eligible Personal Expenses

*Please include original receipts*

- **Registration**
  - $ 

- **Travel Costs (expectation to travel by the most practical and economic means)**
  - Kilometers Driven: _______ x $0.52 = $ 
  - Travel by other means (flights etc.)
    - *Please attach receipts*
    - $ 

- **Accommodations**
  - $ 

- **Substitute Teacher Required**
  - ☐ Yes  ☐ No  Number of Days Substitute was Required: _______

*Individual teachers may be granted support to a maximum of $1000 within a consecutive 2-year period, inclusive of personal expenses and sub costs. See Staff Development Fund Guidelines for more information*

I attest that I attended the above noted activity and that the submitted expenses are true and accurate,

**Applicant Signature:** ___________________________  **Date:** ____________

The personal information collected on this form will be used and disclosed solely for the purpose of processing this application and is collected under the authority of The School Act and Alberta’s Freedom of Information and Protection of Privacy Act for the purpose(s) noted above. If you have any questions about this application, please call 780-986-2500.

Submit to: SDF@starcatholic.ab.ca

For Internal Use Only

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<tr>
<th>Date</th>
<th>Cost Incurred</th>
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**Signature of Staff Development Fund Administrator** ___________________________  **Date:** ____________